

CENTRAL WAREHOUSING CORPORATION
(A GOVT. OF INDIA UNDERTAKING)
Defined Contribution Superannuating Benefit (Pension) Trust.
4/1, Siri Institutional Area, Hauz Khas, New Delhi-110016

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CWC/I-RO-PS/Pension Cell/2014

Dated 15/05/2014

CIRCULAR

It has been decided to adopt and follow the under mentioned procedure for final settlement of Pension dues of the officials who resigned/retired /deceased. Some of the old formats (now revised) and some new formats would be as under:

1.

S.No.	Old Format	Re-named as
1.	Pension Registration Form	Pension Trust Form No.1
2.	Annexure-B (monthly contribution report) (earlier circulated vide No. 720 dated 19/06/2013)	Pension Trust Form No.2
3.	Annexure-A (service particular of retiring/deceased employee)	Pension Trust Form No.3
4.	Application for commutation and submission of Annuity Purchase Form (New Format)	Pension Trust Form No.4 (alongwith annuity purchase form as attachment to Form No.4)

The following steps are to be taken:

- 2.(A) As soon as the employee joins the Corporation and his part II Office Order is issued, Pension Registration Form (**Pension Trust Form No.1**) should be filled in by the employee and submitted to Pension Trust through ROs/CCs/other administrative offices.
- (B) **Pension Trust Form No.2** (old Annexure B) is to be submitted by ROs/CCs/CRWC/CO on monthly basis latest by 5th of succeeding month positively. No correction would be entertained in the data once submitted and if any correction is there, that may be incorporated in next month report with proper remark. The figure mentioned in the columns should not be in fractions and it should be in whole numbers. Always mention correct employee CPF Code Number.

~~_____~~
T. S. Jolly

(C) (i) Service record as per Form No.-03 (earlier Annexure A) shall be issued to Secretary Pension Trust by Personnel Division, CO in respect of WAG-I and above, besides the other group C& D employees whose service record is maintained at CO and by ROs/CCs in respect of below WAG-I.

(ii) The retiring employee (member) will submit the duly filled in Pension Trust Form No.4 alongwith its attachment i.e. annuity purchase form at the time of retirement to the Pension Trust, CWC, CO, New Delhi through concerned ROs/CCs/HOD. The members already retired may do so now.

Keeping in view the above procedure, it is therefore requested that the above steps are to be taken with proper care immediately so that the retiring employees may get timely benefit of pension scheme. All revised formats are enclosed for reference and necessary action.

Encl : As above

~~Pawan Kant~~
16/5/14
(Pawan Kant)
General Manager(Pers.)

To.

- 1) All HOD, CWC, CO, New Delhi
- 2) All ROs/CCs and CRWC

Copy to:

- 1) The AGM(Salary)/AGM(Estt), CO, New Delhi
- 2) PS to MD, PS to Director (Pers.), PA to Director(MCP), PS to Director(Finance), PS to CVO CWC, CO, New Delhi.
- 3) GM (MIS), CWC, CO, New Delhi, with the request to please upload this circular on CWC website.

CENTRAL WAREHOUSING CORPORATION
(A Govt. of India undertaking)

FORMAT FOR REGISTRATION OF EMPLOYEES IN PENSION SCHEME
(All entries in capital letters)

1. Name of the Employees _____
2. Designation _____
3. Name of the Centre /Region/Division _____

4. Father's Name/Husband's Name _____
5. Sex _____
6. CPF Code No. _____
7. Date of Birth _____
8. Date of superannuation _____
9. Name of the Spouse _____
- 10 Permanent Address with pin code _____

- 11 Address for communication _____
- 12 Phone/Mob. No. _____
- 13 E-Mail ID _____
- 14 Name of the bank _____
- 15 IFSC Code _____
- 16 Bank A/C No. _____
- 17 Name and age of the Nominees with
percentage of share _____

18. Date of Joining In CWC _____

Date _____

(Signature of the employee)

DECLARATION BY WITNESS

Name and Address of Witness

Signature of the Witness

1. _____

2. _____

CERTIFICATE BY THE WM/RM/EE/HOD

Certified that the signatures of the above employees have been verified by me.

Signature

(Name & Desgn. of immediate
superior with office seal)

**PENSION TRUST
(FORM NO. 02)**

LIST OF PENSION CONTRIBUTION OF EMPLOYEE AND EMPLOYER (MONTHLY REPORT TO BE SUBMITTED BY RO/CC)

NAME OF THE RO/CC/CRWC :

MONTH & YEAR :

S. NO.	EMPLOYEE CODE	NAME OF EMPLOYEE	BASIC PAY	VDA %	EMPLOYEE CONT.	VOL. CONT.	ARREARS OF EMPLOYEE CONT.		TOTAL EMPLOYEE CONT.	EMPLOYER CONT. 10%	ARREARS OF EMPLOYER CONT.		TOTAL EMPLOYER CONT.	TOTAL CONT.	REMARKS
							01-01-07 TO 31-01-13 AMOUNT	NO. OF INST.			01-01-07 TO 31-01-13 AMOUNT	NO. OF INST.			
					5%					10%					
1	2	3	4	5	6	7	8	9	10	11	8*2=12	13	14	10+14=15	16
1		A	0	0	0				0	0	0		0	0	
2		B	0	0	0				0	0	0		0	0	
3		C	0	0	0				0	0	0		0	0	
4		D	0	0	0				0	0	0		0	0	
5		E	0	0	0				0	0	0		0	0	
6		F	0	0	0				0	0	0		0	0	
7		G	0	0	0				0	0	0		0	0	
8		H	0	0	0				0	0	0		0	0	
9		I	0	0	0				0	0	0		0	0	
10		J	0	0	0				0	0	0		0	0	
11		K	0	0	0				0	0	0		0	0	
12		L	0	0	0				0	0	0		0	0	
13		M	0	0	0				0	0	0		0	0	
14		N	0	0	0				0	0	0		0	0	
15		O	0	0	0				0	0	0		0	0	
16		P	0	0	0				0	0	0		0	0	
17		Q	0	0	0				0	0	0		0	0	
18		R	0	0	0				0	0	0		0	0	
			0	0	0				0	0			0	0	

Note: Column showing '0' are auto filled by formula.

PENSION TRUST

(FORM NO. 3)

SERVICE PARTICULARS OF THE EMPLOYEE

(To be provided by Estt. Section of CO/RO/CC)

- i) Name & Designation of the employee :
- ii) Date of birth :
- iii) Date of Joining in CWC :
- iv) Date of retirement/death, while in service
/Resignation/VRS etc. :

- v) Vigilance status :
- vi) Confirmation of 15 years of service. :
- vii) In case of death, attested copy of death
Certificate & succession certificate
(if available) :

In-charge Estt. Section
(with seal)

**PENSION TRUST
(FORM NO. 4)**

The Secretary,
CWC's DCSB (Pension) Trust,
Central Warehousing Corporation
Corporate Office
Hauz Khas,
New Delhi

Sir,

I _____ s/o/w/o _____ superannuating on
_____ form _____ (last place of posting and region).

I am a member of the CWC Pension Trust.

It is requested that a _____ share (if not opted, mention NIL) of my pension amount as per the provision of scheme may please be commuted and remitted in my Account number _____ of _____ (Bank Name) IFS Code: _____, Address of the Bank _____.

Thanking You

Yours Sincerely,

Signature

Encl: Cancelled Cheque

Name of Employee :
Designation :
Region :
CPF Code :
Address :

Date :-

Place:-

Note:

- 1) Maximum 1/3rd of the total value of corpus, can be commuted.
- 2) Enclose a cancelled cheque for RTGS purpose.
- 3) Enclosed duly filled in Annuity Purchase Form.

(Application for Purchase of Immediate Annuity)

The Manager (P&GS)
LIC of India
Delhi Divisional Office-1
Jeevan Prakash, 6th & 7th Floor
25, K. G. Marg New Delhi-110001

Dear Sir,

Re: Release of Annuity Payment in favor of member of CWC - Employees'
Superannuation Benefit Fund Mr. /Mrs.

We do hereby propose for Annuities on the life of the below mentioned member / Beneficiaries in accordance with the Rules of the fund and confirm the accuracy of the particulars given below and agree that the said particulars shall form the basis of the annuities to be effected by the Corporation.

1. Name of the member on whose life annuity is to be effected: _____

2. Address :

Telephone No. _____ Mobile No. _____

Email Id _____

3. Date of Birth:

4. Date of Commencement of Proposed Annuity:

5. Mode of exit (Pl. Specify):

6. PAN No. (Attach Photocopy):

7. Particulars of Spouse (For Joint Life Options only)

Name	Date of Birth	Address/Contact details.

8. Particulars of the Nominee:

Sl. No.	Name	Date of Birth	Relationship	% Share	Address for Communication
1.					
2.					

9. Option to choose pension

- (i) Annuity for life
- (ii) Annuity for life with return of Capital (ROC)
- (iii) Annuity for 5 years certain & Life thereafter
- (iv) Annuity for 10 years certain & Life thereafter
- (v) Annuity for 15 years certain & life thereafter
- (vi) Annuity for 20 years certain & life thereafter
- (vii) Annuity for life increasing at a simple rate of 3% p.a

- (viii) Annuity for life with a provision for 50% of the annuity payable to the spouse on death of the annuitant
- (ix) Annuity for life with a provision for 100% of the annuity payable to the spouse on death of the annuitant
- (x) Annuity for life with a provision for 100% of the annuity payable to the spouse on death of the annuitant with return of purchase price on death of last annuitant

10. Mode of payment of pension (specify): MLY / QLY / HLY / YLY.

11. Do you want to transfer your annuity servicing to your nearest LIC Divisional. Office specify area _____

12. Remittance/Payment particulars of Purchase Price:

- A) Purchase Price:Rs. _____
- B) Cheque/DD/RTGS Particulars: _____
- C) Date of Deposit with LIC: _____

Yours faithfully,

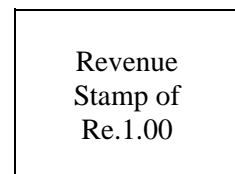
(Signature of the member)

(Signature of Trustee)

Discharge of payment/annuity on the life of Mr./Ms.

On the life of Shri/Ms. _____ I, _____ do hereby acknowledge receipt from the Life Insurance Corporation of India, of the sum of Rs. _____ (Rupees _____ only) in settlement and discharge of all my/our claims and demands in respect of Montly / Quarterly / Half yearly / Yearly installment(s) of annuity Rs. _____ due from* _____ to _____ in respect of the above Assurance.

Dated at _____ this _____ day of _____ 20____.



Name of Shri/Ms. _____ Signature of member _____
/ Beneficiary

Attested by Trustees:

Dated: _____
Place : _____

Signature of the proposer (Trustees) for self & on behalf of the Co-Trustees of CWC - Employees' Superannuation Benefit Fund

